

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 FEB 24 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000108821

1. Corporation Name

C. DANIEL PETRIE, JR., P.A.

Principal Place of Business

900 E BROWARD BLVD
FT LAUDERDALE FL 33301

Mailing Address

900 E BROWARD BLVD
FT LAUDERDALE FL 33301

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

300 SW 2nd St, suite 4
Suite, Apt. #, etc.
Ft. Lauderdale, FL 33312
City & State

Zip 33312 Country USA

3. New Mailing Office Address, If Applicable

300 SW 2nd St, suite 4
Suite, Apt. #, etc.
Ft. Lauderdale, FL
City & State

Zip 33312 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/30/1997

5. FEI Number

65-0813794

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	PETRIE, C. DANIEL JR	900 E BROWARD BLVD	FT LAUDERDALE FL 33301
		300 SW 2nd St, suite 4	33312
			200003160982--7
			-03/08/00--01006--015
			****908.75 ****908.75
			LS

8. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132

9. Name and Address of New Registered Agent

Name
C. Daniel Petrie, Jr
Street Address (P.O. Box Number is Not Acceptable)
300 SW 2nd St, suite 4
Suite, Apt. #, Etc.
Ft. Lauderdale
City
State FL Zip Code 33312

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #